Title: A basally active cGAS-STING pathway limits SARS-CoV-2 replication in a subset of

ACE2 positive airway cell models

Maritza Puray-Chavez[1], Kyle M. LaPak[2], Ria Jasuja[2], Jiehong Pan[3], Jian Xu[3], Jenna E.

Eschbach[1], Shawn Mohammed[1], Dana Q. Lawson[1], Qibo Wang[1], Steven L. Brody[3], Michael

B. Major[2,4], Dennis Goldfarb[2,5], Sebla B. Kutluay[1,*]

[1]Department of Molecular Microbiology, Washington University in St. Louis, St. Louis, MO, USA

[2]Department of Cell Biology and Physiology, Washington University in St. Louis, St. Louis, MO,

USA

[3]Division of Pulmonary and Critical Care Medicine, Department of Medicine, Washington

University in St. Louis, School of Medicine, St. Louis, MO, USA

[4]Department of Otolaryngology, Washington University in St. Louis, St. Louis, MO, USA

[5]Institute for Informatics, Data Science & Biostatistics, Washington University in St. Louis, St.

Louis, MO, USA.

Running title: Basally active cGAS-STING limits SARS-CoV-2 infection

*Correspondence: kutluay@wustl.edu (S.B.K.)

ABSTRACT

Host factors that define the cellular tropism of SARS-CoV-2 beyond the cognate ACE2 receptor are poorly defined. From a screen of human airway derived cell lines that express varying levels of ACE2/TMPRSS2, we found a subset that express comparably high endogenous levels of ACE2 but surprisingly did not support SARS-CoV-2 replication. Here we report that this resistance is mediated by a basally active cGAS-STING pathway culminating in interferon (IFN)-mediated restriction of SARS-CoV-2 replication at a post-entry step. Pharmacological inhibition of JAK1/2, depletion of the IFN-α receptor and cGAS-STING pathway effectors substantially increased SARS-CoV-2 replication in these cell models. While depletion of cGAS or STING was sufficient to reduce the preexisting levels of IFN-stimulated genes (ISGs), SARS-CoV-2 infection in STING knockout cells independently induced ISG expression. Remarkably, SARS-CoV-2-induced ISG expression in STING knockout cell as well as in primary human airway cultures was limited to uninfected bystander cells, demonstrating efficient antagonism of the type I/III IFN-pathway, but not viral sensing or IFN production, in productively infected cells. Of note, SARS-CoV-2-infected primary human airway cells also displayed markedly lower levels of STING expression, raising the possibility that SARS-CoV-2 can target STING expression or preferentially infect cells that express low levels of STING. Finally, ectopic ACE2 overexpression overcame the IFN-mediated blocks, suggesting the ability of SARS-CoV-2 to overcome these possibly saturable blocks to infection. Our study highlights that in addition to viral receptors, basal activation of the cGAS-STING pathway and innate immune defenses may contribute to defining SARS-CoV-2 cellular tropism.

INTRODUCTION

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is continuing to cause significant respiratory disease and mortality in vulnerable populations. The emergence of highly transmissible viral variants resistant to vaccines and existing immunity is an ongoing concern [1-6]. The innate immune response mediated by type I, type II and type III interferons (IFNs) constitutes a potent block to SARS-CoV-2 replication [7-12]. It remains unknown if IFN-mediated antiviral responses can modulate the cellular tropism of SARS-CoV-2 independently of the cognate host cell SARS-CoV-2 receptor, ACE2. Given the multiple ways in which SARS-CoV-2 can antagonize IFN production and signaling [13-22], a comprehensive understanding of the interplay between these mechanisms may inform the observed multi-organ involvement, reveal new facets of emerging SARS-CoV-2 variants and ultimately identify new opportunities for therapeutic intervention.

SARS-CoV-2 homotrimeric spike (S) glycoprotein binding to the host cell angiotensin converting enzyme 2 (ACE2) receptor mediates viral entry [23-26]. Endogenous ACE2 expression is surprisingly low in the respiratory tract [27,28] compared with higher levels in other tissues of the gastrointestinal tract, kidney and myocardium [29-35]. Although ectopic expression of ACE2 is sufficient for viral entry in several cell culture and animal models, additional factors may contribute to defining the cellular tropism of SARS-CoV-2 [23-26,36-39]. Growing evidence suggests that viral attachment factors can facilitate ACE2-dependent [40-45] and even enable ACE2-independent entry [46-49]. Together, these alternative receptors and attachment factors may compensate for the low levels of ACE2 expression in various organs, including the distal respiratory system.

In addition to the identity and expression of entry factors and receptors, SARS-CoV-2 cellular tropism may be determined by cell intrinsic and innate immune defenses given the well-established antiviral effects of IFN [8-12,22,50] that act through the effector functions of one or more ISGs [51-56]. In agreement, a preactivated antiviral innate immunity in the upper airways of young

children has been proposed to limit SARS-CoV-2 replication [57]. In addition, at a basal level,

microbiota can also promote antiviral innate immunity through type I/III IFNs [58-62]. For example,

beneficial lactic acid gut bacteria as well as extracellular vesicles from the fungal commensal

Candida albicans can activate type I IFN production through cytosolic sensors cGAS/STING and

MAVS [60,63]. Recent evidence points to a similar role for cGAS/STING-dependent innate immune

activation upon sensing of endogenous retroviruses in skin keratinocytes [62]. Interestingly,

disruptions in microbiota homeostasis in the respiratory and gastrointestinal tracts, the primary

targets of SARS-CoV-2 [64-67], have been observed in hospitalized COVID-19 patients [68-72].

Despite the known antiviral effects of IFN pretreatment on SARS-CoV-2 replication [8-12,22,50],

SARS-CoV-2 itself can induce the production of type I IFNs, albeit this response appears to be

delayed compared to other viruses whereas other proinflammatory cytokines remain elevated

[12,14,73-75]. This delay can partly be ascribed to the actions of numerous virally encoded proteins

that can antagonize IFN synthesis or subsequent IFN signaling pathways [13-22]. We and others

have shown that the RIG-I-like receptors (RLRs), RIG-I and MDA5, mediate the detection of

SARS-CoV-2 replication in infected cells [76-82] leading to the induction of observed IFN responses.

Taken together, it is plausible that cellular tropism of SARS-CoV-2 is shaped by ACE2 expression

levels, innate immune activation state of the target cells and distinct viral proteins that antagonize

the host cell antiviral responses.

We previously screened 10 human lung and upper airway cell lines expressing variable levels of

endogenous ACE2/TMPRSS2. Unexpectedly, we found that several cell lines that expressed

comparably higher levels of ACE2 (from here on referred to as ACE2(high)) were not permissive

to infection [76]. In this study, we sought to understand the molecular basis of this resistance.

Analysis of the transcriptomic signatures of our cell line panel revealed markedly higher levels of

ISGs and IFN pathway mediators in the ACE2(high) cells. Pharmacological inhibition of the IFN

pathway or its disruption by RNAi/CRISPR enhanced SARS-CoV-2 replication in a subset of these

cell models. A targeted genetic screen in a representative ACE2(high) cell line revealed that

constitutive activation of the cGAS-STING pathway underlies the observed IFN pathway activity.

Genetic disruption of the cGAS-STING pathway substantially decreased baseline ISG expression

and enhanced virus replication in three separate ACE2(high) cell lines. In addition to the ablation

of the cGAS/STING pathway, ACE2 overexpression also overcame the IFN-mediated blocks to

SARS-CoV-2 replication, demonstrating the ability of SARS-CoV-2 to overcome these possibly

saturable blocks to infection. SARS-CoV-2 replication in STING$^{-/-}$ cells and in primary human

airway cultures triggered type I IFN pathway activation. However, in these settings, ISG

expression was primarily limited to uninfected bystander cells, suggesting efficient antagonism

of the IFN signaling pathway, but not viral sensing or IFN synthesis, in infected cells. Interestingly,

in primary human airway cultures, SARS-CoV-2-infected cells also displayed markedly lower

levels of STING expression, raising the possibility that SARS-CoV-2 can target STING expression

or preferentially infect cells that express low levels of STING.

Taken together, our findings demonstrate that cGAS-STING-dependent activation of IFN-

mediated innate immunity underlies the inability of a subset of ACE2 positive airway cell lines to

support SARS-CoV-2 replication. Our study highlights that in addition to ACE2 levels, basal

activation of the cGAS-STING and subsequent IFN pathways contribute to defining the SARS-

CoV-2 cellular tropism *in vitro*.

RESULTS

SARS-CoV-2 replication is blocked at a post-entry stage in a subset of airway-derived cell

lines that endogenously express ACE2.

We previously screened 10 human lung and upper airway cell lines expressing variable levels of

endogenous ACE2/TMPRSS2 for their ability to support SARS-CoV-2 replication [76].

Unexpectedly, we found four cell models—SCC25, H596, OE21 and Detroit 562—that express

high levels of ACE2 mRNA (**Fig. S1A**) and protein [76] but were resistant to SARS-CoV-2 replication

[76]. Of note, these initial screens were conducted with a SARS-CoV-2 stock carrying the S E484D

substitution, which arises consistently during cell culture adaptation and allows virus replication

in an ACE2-independent manner [76,83]. Given this possible complication, we first validated the

ability of virus stocks verified to bear wild type (WT) S to infect these ACE2 expressing cells.

SARS-CoV-2 WT S productively infected PC-9, KYSE-30 and H1299 cells that express

comparably lower levels of ACE2 (**Fig. S1A**) in addition to the control Calu-3 and HCC827 cells,

as evident from the substantial increase in the amount of cell-associated viral RNA (**Fig. 1A**), viral

N antigen (**Fig. S1B**) and infectious virion release in cell culture supernatants (**Fig. 1B**) following

virus inoculation. CRISPR-mediated knockout of ACE2 significantly decreased cell-associated

SARS-CoV-2 RNA levels in these cells (**Fig. 1C**), validating the ACE2-dependence of virus

replication. In agreement with our prior findings [76], other cell lines including SCC25, H596, OE21

and Detroit 562 that expressed higher levels of ACE2 were largely resistant to SARS-CoV-2

replication (**Fig. 1A-C, S1B**). Importantly, we found that ACE2 knockout led to a significant

reduction in incoming cell-associated SARS-CoV-2 RNA in the ACE2(high) cell lines (**Fig. 1D, E**),

suggesting a post-entry block to virus replication and spread. These results demonstrate that

ACE2 expression and viral entry is not sufficient to allow productive SARS-CoV-2 replication in

the ACE2(high) SCC25, H596, OE21, and Detroit 562 cell lines.

ACE2(high) airway-derived cell lines express high baseline levels of IFN pathway genes

A common block to SARS-CoV-2 replication is mediated by type I and type III IFNs [7-9], as also

exemplified by potent inhibition of SARS-CoV-2 replication by IFN-α pretreatment of Calu-3 cells

(**Fig. S2A**). Seeking to understand if IFN pathway activity contributed to SARS-CoV-2 resistance

in ACE2(high) SCC25, H596, OE21, and Detroit 562 cells, we first evaluated the expression of

IFN pathway response genes by RNA-seq. Strikingly, transcriptomic signatures of the cell line

panel revealed substantially higher basal expression levels of numerous ISGs as well as IFN

pathway components in the ACE2(high) cells compared to those that express low to no ACE2

(**Fig. 2A**). RT-qPCR and immunoblotting confirmed this observation and showed markedly high

baseline expression of several ISGs and IFN-pathway mediators (i.e. *MX1*, *IFIT1*, *STAT1*,

pSTAT1, *IRF7* and *IRF9*) in SCC25, H596, OE21 and Detroit 562 cells (**Fig. 2B-F, S2B, S2C**).

Further investigation of the RNA-seq data revealed elevated levels of type I and type III IFNs in

the ACE2(high) SCC25, H596, OE21 but not Detroit 562 cells (**Fig. S2D**). In addition to the basally

high ISG levels, SCC25, H596, OE21 and Detroit 562 cells responded to SARS-CoV-2 inoculation

by further upregulating ISG expression (**Fig. 2G, 2H, S2D-G**). Collectively, these findings suggest

that the basally high levels of ISG expression, coupled with further elevation of ISG expression

upon SARS-CoV-2 inoculation, may underlie the post-entry block to infection in the ACE2(high)

SCC25, H596, OE21 and Detroit 562 cells.

Basally active type I/III IFN signaling pathway underlies the resistance of ACE2(high) cell

lines to SARS-CoV-2 replication

Canonically, binding of type I/III IFNs to cell surface receptors results in JAK1/TYK2 mediated

phosphorylation of STAT1 and STAT2, which subsequently form a complex with IRF9 and

translocate to the nucleus to activate the transcription of ISGs [84-87]. To evaluate whether the

constitutive activity of this pathway underlies the resistance of SCC25, H596, OE21 and Detroit

562 cells to SARS-CoV-2 infection, cells were pretreated with ruxolitinib, a JAK1/2 inhibitor, and

inoculated with SARS-CoV-2 in its presence. Ruxolitinib treatment decreased the baseline

expression of five canonical ISGs (*Ifit1*, *Mx1, Ifit2, Ish15* and *Irf9*) in SCC25 cells (**Fig. 3A, 3B,**

S3A-D). Subsets of these ISGs were also suppressed in the other ACE2(high) cell models (**Fig.**

3A, 3B, S3A-D). Ruxolitinib treatment resulted in an approximate 3-log increase in the amount of

cell-associated SARS-CoV-2 RNA in OE21 and SCC25, but not in Detroit 562 or H596 cells (**Fig.**

3C). Because of this, we decided to focus our studies on SCC25 cells with validation experiments

primarily in OE21 cells. In agreement with the ruxolitinib data, siRNA-mediated depletion of

downstream IFN pathway components STAT2, IRF9 (**Fig. S3E, S3F)** and CRISPR-mediated

knockout of IFNAR enhanced SARS-CoV-2 replication in SCC25 cells (**Fig. 3D-F**). In contrast,

siRNA knockdown of STAT1 (**Fig. S3G, S3H)** did not restore SARS-CoV-2 replication (**Fig. 3G**).

Together, these data suggest that the high baseline activity of the type I/III IFN signaling, possibly

independent of STAT1, underlies the inability of OE21 and SCC25 cells to support SARS-CoV-2

replication.

A basally active cGAS-STING pathway underlies the resistance of SCC25, OE21 and Det562

cells to SARS-CoV-2 replication

To identify the molecular basis of the basally high IFN pathway activity in the SCC25 cells, we

conducted an siRNA screen (2 siRNAs/target) targeting host cell factors involved in sensing of

virus replication intermediates including TLRs (e.g. TLR3, TLR7, TLR8 and TLR9), RLRs (e.g.

RIG-I, MDA5 and LGP2) as well as their downstream adaptor molecules (e.g. MyD88, TRIF and

MAVS), NOD-like receptor family members (i.e. NOD2, NLRP1, NLRP3 and NLRC5) and the

cytosolic DNA sensor STING. Remarkably, depletion of STING by two independent siRNAs

substantially increased (~2-3-logs) cell-associated viral RNA levels in SCC25 cells (**Fig. 4A**).

Although knockdown of other sensors and downstream adaptors by individual siRNAs increased

viral RNA levels up to 10-fold, effects were comparably modest and siRNA-specific (**Fig. 4A**).

Consistent with the screening results, CRISPR-mediated knockout of cGAS, STING as well as

downstream signaling molecules TBK1 and IRF3 significantly increased cell-associated viral RNA

(**Fig. 4B**) and antigen levels (**Fig. 4C**). Depletion of cGAS-STING pathway components or STING

knockout also enhanced SARS-CoV-2 replication in the ACE2(high) OE21 and Detroit 562, but

not in H596 cells (**Fig. S4A-C**). In addition, STING knockout did not enhance virus replication

further in the otherwise permissive cells (**Fig. S4B, S4C**). As expected, a greater number of

STING KO SCC25 cells were infected with a NeonGreen reporter SARS-CoV-2 (SARS-CoV-2

mNG) compared with the control SCC25 NT cells at 24 hpi (**Fig. 4D, S4D**). However, we noted

that virus spread was limited at later time points in infection (**Fig. 4D, S4D**). Ruxolitinib

pretreatment of STING KO cells allowed greater virus spread (**Fig. 4E**), suggesting the possibility

that SARS-CoV-2-induced type I/III IFN response contributes to the observed restriction of viral

spread. Collectively, these results suggest that the basally active cGAS-STING and downstream

type I/III IFN signaling pathways underlie the resistance to SARS-CoV-2 infection in several

ACE2(high) cell line models. While ablation of this pathway enhances SARS-CoV-2 replication

early, induction of the type I/III IFN responses at later time points post-infection limits spreading

infection.

SARS-CoV-2 antagonizes the IFN pathway activity in infected cells

The limited virus spread in STING KO SCC25 cells prompted us to further investigate the interplay

between cGAS-STING-mediated activation of the IFN pathway and SARS-CoV-2 infection. First,

we found that CRISPR-mediated knockout of cGAS and STING substantially reduced the

baseline expression of ISGs including *Isg15, Ifit1, Ifit2, Ifit3, and Irf7* in uninfected cells (**Fig. 5A,**

B), strongly suggesting that the cGAS-STING pathway is indeed responsible for maintaining high

expression levels of ISGs in SCC25 cells. Notwithstanding, SARS-CoV-2 replication in cGAS and

STING KO SCC25 cells was still capable of inducing substantial increases in ISGs expression

(**Fig. 5C**), nearing levels observed in WT SCC25 cells (**Fig. 5D**). Most notably, in SARS-CoV-2-

infected STING KO cells, ISG induction, as exemplified by IFIT3, was largely limited to uninfected

bystander cells; cells infected with SARS-CoV-2 were largely devoid of IFIT3 (**Fig. 5E, S5A**).

Interestingly, the repressive effects of the type I/III IFN pathway were overcome by ACE2

overexpression in SCC25, OE21, H596 and Detroit 562 cells (**Fig. S5B**) and ruxolitinib treatment

did not further enhance virus replication (**Fig. S5C**). It has been reported that the VOCs are

generally less sensitive to the inhibitory effects of type I IFNs [88]. Ruxolitinib pretreatment

enhanced virus replication 2-3 logs in SCC25 cells for most of the VOCs with the exception of the

Delta and Kappa variant strains which responded to ruxolitinib treatment only modestly (**Fig.**

S5D). These findings collectively suggest that SARS-CoV-2 can efficiently antagonize IFN

signaling but not IFN production in infected cells and that IFN signaling in bystander cells limits

viral spread in settings where ACE2 is expressed at endogenous levels.

In primary airway cultures, SARS-CoV-2 induces ISG expression in bystander and

antagonizes STING expression in infected cells

To extend the findings from our cell line studies to a physiologically relevant model, we next

investigated the expression levels of a representative ISG (i.e. IFIT2) and STING in primary

human airway epithelial cells (hTECs) grown at the air-liquid interface. Of the two donors

analyzed, Donor 1 appeared to express higher baseline levels of IFIT2 in a subset of cells (**Fig.**

6A). SARS-CoV-2 infection resulted in a substantial increase in IFIT2 expression in both donors

(**Fig.6A**). Remarkably, as in the SCC25 cell model, IFIT2 expression was largely limited to

uninfected bystander cells (**Fig. 6A**, **S6A, S6B**). Both hTECs donors endogenously expressed

STING with Donor 2 donor expressing higher levels at baseline (**Fig. S6C**). Note that anti-STING

antibody specificity was further evaluated in SCC25 STING CRISPR KO cells (**Fig. S6D**). SARS-

CoV-2 infection resulted in a modest increase in STING expression; however, we found that

infected cells (as assessed by N antigen staining) were largely devoid of STING (**Fig. 6B, S6A,**

S6B). Analysis of publicly accessible single-cell data sets revealed STING and ISG expression in

healthy alveolar type-1 (AT1) human airway cells but not in alveolar type-2 (AT2) cells (**Fig. 7**),

which are the primary targets of SARS-CoV-2 [25,35,89]. Together, these findings raise the possibility

that SARS-CoV-2 can target STING expression or preferentially infect cells that express low

levels of STING. Nonetheless, basal expression levels of ISGs as well as their induction in

bystander cells appear to limit SARS-CoV-2 spread in these relevant models that express low

levels of ACE2.

DISCUSSION

Because ectopic expression of ACE2 allows efficient SARS-CoV-2 replication in numerous cell

lines and animal models [23-26,36-39], it is generally thought that ACE2 is the main factor that defines

the cellular tropism of SARS-CoV-2. Our findings challenge this notion and demonstrate that in

cells that express endogenous levels of ACE2, baseline activation of the type I/III IFN pathway

efficiently limits virus replication at a post-entry step. Interestingly, we found that ectopic

expression of ACE2 overcomes the ISG-mediated restriction to SARS-CoV-2 replication in these

cell models (**Fig. S5B, S5C**), suggesting the ability of SARS-CoV-2 to antagonize these blocks at

higher multiplicities of infection and possibly their saturable nature. In addition to providing novel

insight to molecular mechanisms that govern the cellular tropism of SARS-CoV-2, the

ACE2(high)/ISG(high) cells studied here can serve as unique models to study the molecular

details of innate host responses against SARS-CoV-2.

Our study revealed that the basal activity of cGAS and STING—which have well described roles

in sensing of cytosolic DNA including virus replication intermediates [90-92]—underpins the IFN

pathway activation in the ACE2(high) cells. What underlies cGAS-STING activation in these cell

models is unclear. One plausible explanation is that chromosome and genomic instability

commonly present in cancer cell lines [93,94] can trigger cGAS activation [95]. Although mitochondrial

damage can also activate cGAS [96,97], we did not find evidence of mitochondrial DNA leakage in

the SCC25 cells (not shown).

Activation of the cGAS-STING pathway has been shown to contribute to SARS-CoV-2

immunopathology and establishment of antiviral defenses [98]. In macrophages, cGAS activation

from engulfed DNA of dying endothelial cells near sites of tissue damage can trigger type I IFN

responses leading to lung inflammation in COVID-19 patients [99]. In addition, in SARS-CoV-2-

infected cells both mitochondrial and nuclear DNA leakage into the cytosol can activate cGAS-

STING signaling [99,100]. While STING agonists in uninfected cells can block SARS-CoV-2 infection

via triggering type I IFNs [11,101,102], pharmacological inhibition of STING reduces severe lung

inflammation induced by SARS-CoV-2 and improves disease outcome in mice [98]. Our study

supports the published antiviral functions of cGAS-STING pathway and further expands its role

to defining the cellular tropism of SARS-CoV-2 *in vitro*. Healthy gut microbiome-induced cGAS-

STING activation at a basal state *in vivo* [60] represents a particularly relevant context for our

observations. SARS-CoV-2 can efficiently infect cells within infect gastrointestinal tract *in vitro*

[103,104], but it is possible that microbiota-induced activation of the cGAS-STING pathway can limit

SARS-CoV-2 replication within the GI tract or its tropism within particular cell subsets therein.

Interestingly, STING KO in K18-ACE2 mouse model did not appear to affect host defense and

pathology [105]. The use of non-native K18 promoter driving ACE2 overexpression in tissues, which

we show can decrease sensitivity to IFN-mediated inhibition, is a possible caveat in this latter

study.

SARS-CoV-2-encoded proteins including ORF3a, ORF10 and 3CLpro have been shown to

antagonize the cGAS-STING pathway largely through inhibition of downstream signaling [106-108].

Our study is the first, to our knowledge, to demonstrate that in the primary airway cultures a

significant number of productively infected cells lack STING expression (**Fig. 6B, S6A, S6B**). It

will be important to determine whether this reduction in STING levels in infected primary airway

cells is due to direct antagonism by SARS-CoV-2 proteins via STING degradation. An alternative

expression is the preferential infection of cells that lack STING, which has clear implications for

the cellular tropism for SARS-CoV-2 in this relevant model system.

While our data strongly suggests that cGAS-STING pathway activation underlies the resistance

phenotype of multiple ACE2(high) cell models, there were a few exceptions. For example, Detroit

562 cells supported only low levels of virus replication upon STING KO which persisted even after

ACE2 overexpression. In addition, in spite of successful viral entry (**Fig. 1D, E**), H596 cells did

not respond to cGAS-STING ablation and required ectopic ACE2 expression. Moving forward,

understanding the molecular basis of these post-entry blocks through comparative analysis of the

cell models presented herein can reveal novel cell intrinsic mechanisms that limit SARS-CoV-2

replication.

IFN signaling leads to the transcriptional upregulation of hundreds of ISGs, many of which are

effector molecules that limit virus replication by distinct mechanisms [85,86]. Several studies have

reported on ISG screens and individual antiviral properties of ISGs against SARS-CoV-2 [51-

53,55,56,109,110]. Whether a dominant ISG or multiple ISGs limit SARS-CoV-2 replication in our cell

models remains unknown. Of note, many of the prior ISG screens have been conducted in ACE2

overexpressing cells or cell lines of non-airway origin. Our findings demonstrate that ACE2

overexpression relieves ISG-mediated restriction of SARS-CoV-2 replication (**Fig. S5B, S5C**). As

such, we propose that the ISG(high) cell models that express endogenous levels of ACE2

provides a unique, and possibly more physiologically relevant, platform to discover the antiviral

activities of ISGs.

It is noteworthy that while knockdown of STAT2 and IRF9 enhanced virus replication 2-3 logs,

IFNAR knockout had a comparably modest (~10-fold) effect, suggesting that in addition to type I

IFNs (i.e. IFN-β), the elevated levels of type III IFNs (i.e. IFN-λ, **Fig. S2D**) may be involved in

maintaining the high ISG levels in SCC25 cells. Furthermore, despite efficient knockdown of

STAT1, SARS-CoV-2 replication was not restored in SCC25 cells. While it is possible that the

residual levels of STAT1 can maintain high ISG expression levels, several studies have

established that STAT2 alone can maintain prolonged ISG expression in several cell culture and

animal models [111].

SARS-CoV-2 encodes numerous non-structural and accessory proteins that can antagonize IFN-

mediated innate immune responses. For example nsp1, nsp6, nsp13, ORF3a, M, N, ORF6,

ORF7a, ORF7b and ORF8 inhibit IFN signaling [13-20], whereas nsp1, nsp5, nsp6, nsp15, ORF6

and ORF7b can block the production of IFN-β [19-21]. Published protein-protein interaction studies

provide additional support; SARS-CoV-2 proteins interact with IFN pathway components [112-114]

and can antagonize specific ISGs [53]. Given that ISG expression is limited to uninfected bystander

cells in both SCC25 STING KO cells and primary airway cultures, our findings suggest that SARS-

CoV-2 replication prevents IFN signaling but not IFN production in infected cells. It remains to be

determined whether one or more of the abovementioned SARS-CoV-2 proteins is sufficient to

block IFN signaling in the cell models presented here.

Severe COVID-19 is marked by virus-induced lung damage [115] and a dysregulated immune

response [116-119]. Several lines of evidence highlight how IFN-mediated innate immunity is linked

to COVID-19 disease severity in humans. For example, severe COVID-19 patients exhibit an

impaired type I and III IFN response but a heightened inflammatory response [120,121].

Autoantibodies against type I IFNs observed in severe COVID patients may contribute to the

observed impairment of innate immunity [122]. In addition, young infants exhibit robust functional

antibody responses but restrained IFN-γ production following SARS-CoV-2 infection compared to

adults [123]. Therefore, understanding the molecular basis of how SARS-CoV-2 and innate immune

responses is critical to our understanding of the complex SARS-CoV-2 pathogenesis *in vivo*. Our

study highlights that in addition to expression levels of ACE2, basal activation of the cGAS-STING

and IFN pathways can contribute to defining the SARS-CoV-2 cellular tropism. Further dissection

of these pathways may lead to the identification of actionable host cell targets that are central to

the complex SARS-CoV-2 pathogenesis.

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AUTHOR CONTRIBUTIONS

M. P-C., K.M.L., M.B.M., D.G. and S.B.K. conceptualized the study; M. P-C., K.M.L., M.B.M.,

D.G., S.L.B. and S.B.K. designed the methodology. M. P-C., K.M.L., J.P., J.X., J.E.E., S.M.,

D.Q.L., Q.W. and S.B.K performed the experiments. R.J. and D.G. performed statistical and

bioinformatics analysis. M. P-C., M.B.M., D.G. and S.B.K. wrote the manuscript with input from

all the authors.

MATERIALS AND METHODS

Cell Culture

All cell lines were maintained in a humidified incubator at 37°C with 5% CO_2 unless otherwise indicated. Cell line identities were validated by short tandem repeat analysis (LabCorp, Genetica Cell Line Testing) and cultures were regularly tested for mycoplasma contamination using the MycoAlert mycoplasma detection kit (Lonza). HEK293T and Calu-3 (ATCC-HTB-55) cells were cultured in Dulbecco's Modified Eagle's Medium (DMEM, Sigma), supplemented with 10% FBS (VWR). Vero CCL-81, Vero E6 and Vero E6-TMPRSS2 (kind gift of Whelan lab [124]) cells were cultured in DMEM, supplemented with 10% FBS and 10 mM HEPES buffer. The A427 (kind gift from Bernard Weissman Lab (UNC)) and Detroit 562 (ATCC-CCL-138) cell lines were cultured in Eagle's Minimum Essential Medium (EMEM, Corning), supplemented with 10% FBS (Sigma), and 2 mmol/L L-glutamine (Gibco). The SCC25 (kind gift from the John Hayes Lab (UTHSC) cell line was cultured in DMEM:F12 (Corning) supplemented with 10% FBS (Sigma). The H522 (ATCC-CRL-5810), H596 (ATCC HTB-178), H1299 (ATCC CRL-5803), HCC827 (ATCC CRL-2868), PC-9 (Sigma #90071810), KYSE30 (kind gift from the John Hayes Lab), and OE21 (Sigma # 96062201) cell lines were cultured in Roswell Park Memorial Institute (RPMI) 1640 (Corning) with L-glutamine supplemented with 10% FBS (Sigma).

Primary human bronchial epithelial cells (HBECs) grown at air-liquid interface (ALI) were processed as follows. Human airway epithelial cells were isolated from surgical excess of tracheobronchial segments of lungs donated for transplantation as previously described and were exempt from regulation by US Department of Health and Human Services regulation 45 Code of Federal Regulations Part 46 [125]. Tracheobronchial cells were expanded in culture, seeded on supported membranes (Transwell; Corning, Inc.), and differentiated using ALI conditions as detailed before using 24-well inserts [126,127].

Viral Strains

SARS-CoV-2 strain 2019-nCoV/USA-WA1/2020 was obtained from Centers for Disease Control

and Prevention (a gift of Natalie Thornburg). The mNeonGreen (mNG) SARS-CoV-2 reporter

virus [9] was a gift of Pei-Yong Shi lab, and SARS-CoV-2 Lambda, Iota, Mu, Beta, Epsilon, Delta,

Kappa, and Omicron variant isolates were obtained from Dr. Michael S. Diamond. SARS-CoV-2,

SARS-CoV-2-mNG and variant isolates were propagated in Vero E6-TMPRSS2 at an MOI of 0.01

grown in DMEM (Sigma), supplemented with 2% Fetal Bovine Serum (FBS, VWR) and 10 mM

HEPES buffer (Corning). SARS-CoV-2 Omicron variant strain was grown in DMEM supplemented

with 1% FBS. After amplification, the viral stocks were titered on Vero-TMPRSS2 cells by plaque

assays and sequence confirmed. All experiments involving SARS-CoV-2 were performed in a

biosafety level 3 laboratory.

SARS-CoV-2 infections and focus-forming assay

Cells seeded at 70-80% density were inoculated with virus diluted in cell culture media

supplemented with 2% FBS and intermittent rocking for 1 h. Virus inoculum was removed, cells

washed with 1x phosphate-buffered saline (PBS) and plated in cell culture media containing 10%

FBS. Infections were monitored by focus-forming assay, and RT-qPCR of cell-associated vRNA

(N sub-genomic RNA). Briefly, for focus-forming assay, Vero E6-TMPRSS2 cells were inoculated

with 10-fold serial dilutions of virus containing supernatants from the panel of airway cell lines,

incubated for 1 h at 37°C with intermittent rocking, followed by addition of 2% methylcellulose and

2X MEM containing 4% FBS. 30 hours post-infection cells were fixed by 4% paraformaldehyde

(PFA) and stained as previously described [124]. Briefly, cells were incubated with CR3022 anti-S

antibody (1 ug/mL)[128] overnight followed by anti-human IgG-HRP-conjugated goat secondary

antibody (Sigma, 1:500) for 2 h, then foci were visualized with TrueBlue peroxidase substrate

(KPL, #5510-0050) and manually counted under the microscope.

Prior to infection, HBECs were washed two times with 1× PBS to remove the mucous layer that

otherwise can slow down infection. HBECs were inoculated with SARS-CoV-2-mNG in DMEM-

supplemented with 2% FBS for two hours in a humidified incubator at 37°C, after which the initial

inoculum was removed, cells washed with 1xPBS and maintained at ALI for the duration of the

assays. Subsequently, cells were fiixed with 4% paraformaldehyde and subjected to

immunofluorescence microscopy as detailed below.

ACE2 overexpression, lentivirus production and transduction

Cell lines stably expressing human ACE2 were generated by lentiviral transduction as described

before [76]. Briefly, lentiviruses were produced in HEK293T cells by polyethyleneimine

(Polysciences)-mediated transfection using an pLV-EF1a-IRES-Puro (Addgene Plasmid

#85132)-based vector expressing human ACE2, psPAX2 as packaging plasmid (Addgene

#12260) and VSV-G expressing envelope plasmid (Addgene #12259). Cell culture supernatants

containing lentiviruses were collected and used to transduce SCC25, OE21, Detroit 562, H522

and H596 airway cell lines. Two days post transduction, cells were selected for two weeks in 2

μg/mL puromycin to generate bulk populations expressing ACE2.

CRISPR knockout cell lines

ACE2 knockout cell lines were generated as previously stated [76]. In short, lentiviruses were

generated in HEK293T cells by transfection of pLentiCRISPRv2 -Puro plasmid containing a single

guide RNA (sgRNA) (GTACTGTAGATGGTGCTCAT) (GenScript) targeting ACE2, psPAX2

packaging plasmids (Addgene #12260), and pMD2.G plasmid expressing VSV-G (Addgene

#12259) in a ratio of 1:1:0.2 respectively using polyethyleneimine. After transduction of PC-9,

KYSE30, HCC827, H1299, SCC25, OE21, A427, Detroit 562, and H596 airway cell lines with the

resulting lentiviruses, cells were selected in 2 μg /mL puromycin for two weeks.

cGAS-STING pathway (i.e. cGAS, STING, TBK1, and IRF3) knockout cell lines were generated

similarly by transduction using lentiviral particles generated using pLentiCRISPRv2 -Puro

encoding two separate gene-specific sgRNA per target (Table S1), psPAX2, and VSV-G as

described above. Following transduction, SCC25 and OE21 cell lines were selected in 2 ug/mL

puromycin for at least two weeks. Similarly, for generating STING knockout airway-derived cell

lines, we used a lentiviral vector encoding sgRNA (CATATTACATCGGATATCTG) and cells were

similarly selected in 2 μg/mL puromycin minimally for two weeks prior to proceeding with SARS-

CoV-2 experiments. In all experiments, bulk populations were used for downstream analyses.

RNA extraction and RT-qPCR

Cell associated RNA was extracted by Trizol following manufacturer's instructions (Thermo-Fisher

Scientific) and was subjected to RT-qPCR analysis for viral (*N* sgRNA) or cellular RNAs. SARS-

CoV-2 viral RNA was detected by reverse transcription and amplification using the TaqMan RNA-

to-CT 1-Step Kit (Thermo Fisher Scientific), utilizing the primers and probe sequences for viral

RNAs are as described before [76]. Briefly, reverse transcription was performed at 48 °C for

15 minutes, followed by a 2-minute incubation at 95 °C. Amplification was carried out over 50

cycles, with each cycle consisting of a 15 second denaturation step at 95 °C, followed by a 1-

minute annealing/extension step at 60 °C. The quantification of SARS-CoV-2 N gene RNA copies

was determined using a previously published internal RNA standard [129]. To study the type I/III

IFN response, cellular RNA was reverse transcribed with High-Capacity cDNA Reverse

Transcription kit (Thermo Fisher Scientific) followed by RT-qPCR analysis using PowerUp SYBR

Green Master Mix (Applied Biosystems), utilizing ISG-specific primers that were described before

[76] and are listed in the Table S2. RNA levels were quantified using the $2^{-\Delta\Delta CT}$ method and

normalized relative to *18S rRNA* as the reference target.

Viral RNA detection by RNAscope

SARS-CoV-2 RNA was detected as described before (41) with minor modifications using the

RNAscope Multiplex Fluorescent Reagent Kit v2 (Advanced Cell Diagnostics catalog #323100).

One day after attachment on coverslips placed in 24-well plates, cells were infected with SARS-

CoV-2 at an MOI of 2 for 1 h, then washed twice with 1x PBS and fresh media was added. Cells

were fixed with 4% PFA at 2 hours post infection, dehydrated and stored at -20°C. On the day of

detection, cells were rehydrated and incubated in 0.1% Tween in PBS for 10 min and immobilized

on slides. Before probing, cells were first treated with hydrogen peroxide (Advanced Cell

Diagnostics catalog #322381) and 1:5 diluted protease III (Advanced Cell Diagnostics catalog

#322381) each for 10 minutes at room temperature. Immediately after, an anti-sense RNAscope

Probe-V-nCoV2019-S (Advanced Cell Diagnostics catalog #848561) targeting SARS-CoV-2

positive strand S RNA was allowed to hybridize at 40°C for 2 hr. All consecutive incubations were

performed at 40°C unless otherwise indicated. After probe hybridization, Amplifiers (Amp) were

added sequentially as follows; Amp 1 for 30 min, followed by Amp 2 for 30 min, and Amp 3 for 15

min. Samples were then incubated with detection reagents including horseradish peroxidase

(HRP)-C1 for 15 min, diluted Tyramide Signal Amplification (TSA) Vivid Fluorophore 520 (1:1500,

Advanced Cell Diagnostics catalog #323271) in TSA buffer (Advanced Cell Diagnostics catalog

#322809) for 30 min and HRP blocker for 30 min. Nuclei were stained with DAPI at room

temperature for 30 sec. Coverslips were mounted on slides using Prolong Gold Antifade. Images

were taken using a Zeiss LSM 880 Airyscan confocal microscope equipped with a 63/1.4 oil-

immersion objective.

Immunofluorescence microscopy

SARS-CoV-2 N protein was visualized in infected cells as before [76]. Briefly, cells grown on

coverslips (Neuvitro, #GG-12-1.5-Collagen) were infected with SARS-CoV-2 and fixed with 4%

paraformaldehyde. Coverslips were washed with 1X PBS, incubated in 1% bovine serum albumin

(BSA) and 10% FBS in PBS containing 0.1% Tween-20 (PBST) at room temperature for 1 h.

Samples were then incubated in a primary mouse SARS-CoV-2 nucleocapsid (N) antibody (Sino

Biological Inc., Cat # 40588-T62, 1:1000) at 4 °C overnight. After washing with PBST, samples

were incubated in a goat anti-mouse secondary antibody conjugated to Alexa Fluor Plus 488

(Invitrogen, Cat# A-11029, 1:1000) at room temperature for 1 h. IFIT3, IFIT2 and STING were

detected by incubation with a primary rabbit polyclonal IFIT3 antibody (Novus Biologicals NBP2-

32500, 1:500), rabbit polyclonal IFIT2 antibody (Novus Biologicals NBP2-15180SS, 1:500) and

rabbit polyclonal STING antibody (Proteintech 19851-1-AP, 1:200) respectively as described

above followed by incubation with a goat anti-rabbit fluorescent secondary antibody (Invitrogen

Goat anti-Rabbit Alexa Fluor Plus 568™, Cat# A-11036, 1:1000 or Invitrogen Goat anti-Rabbit

Alexa Fluor™ Plus 647, Catalog # A32733TR, 1:1000). Nuclei were stained with DAPI diluted in

PBS at room temperature for 5 min. Finally, coverslips were washed in PBST followed by PBS

and then mounted on slides using Prolong Gold Antifade.

For confocal microscopy, samples were analyzed with a Zeiss LSM880 laser

scanning confocal microscope (Carl Zeiss Inc. Thornwood, NY). The system is equipped with

405nm diode, 488nm Argon, 543nm HeNe, and 633nm HeNe lasers. Plan-Apochromat 20X

numerical aperture (NA) 0.8), Plan-Apochromat 40X (NA 1.4) DIC oil, and Plan-Apochromat 63X

(NA 1.4) DIC oil objectives were used. ZEN black software (version 2.1 SP3) was used for

multichannel image acquisition and for obtaining Z stacks with optimal interval and section

thickness. The image analysis software Volocity with Visualization module (version 6.3)

(PerkinElmer, Waltham, MA) was used for 3-dimensional rendering of Z slices acquired through

the depth of the cell monolayers. Colocalization analysis of Z stacks was performed using the

Colocalization module of Volocity. For epifluorescence microscopy, images were taken using

Leica using either the ×4 or ×20 objective.

Immunoblotting

Human cell lines were grown to 70% confluence and lysed in 1X RIPA buffer (50mM Tris-HCl pH

7.4, 150mM NaCl, 1mM EDTA, 0.1% SDS, 1% NP-40, 0.25% sodium deoxycholate)

supplemented with EDTA-free protease inhibitor cocktail (Roche). Proteins were separated by

SDS-PAGE on 4-12% Bis-Tris gels, transferred to a nitrocellulose membranes, blocked in

Intercept (PBS) blocking buffer (LI-COR) or 5% milk, and incubated with primary antibodies

overnight at 4°C. Washed membranes were incubated for 45 min to 1 hour at room temperature

in secondary antibody solution (LI-COR IRDye 680, 800; 1:10,000 in 5% milk or Intercept (PBS)

blocking buffer), imaged on an Odyssey® CLx scanner, and analyzed using the Image Studio

Software. Antibodies were used at the following dilutions: ACE2 (R&D Systems #AF933, 1:200),

β-actin (Sigma #A5316, 1:5000 or Santa Cruz Biotech #sc8432, 1:500), Vinculin (Santa Cruz #sc-

73614, 1:2000), pSTAT1-Y701 (Cell Signaling #9167, 1:1000), pSTAT1-S727 (Cell Signaling

#8826, 1:1000), STAT1 (Cell Signaling #14994, 1:1000), MX1 (Cell Signaling #37849, 1:1000),

IFIT1 (Cell Signaling #14769, 1:1000), STING (Cell Signaling #13647S, 1:1000), cGAS (Cell

Signaling #15102S, 1:1000), TBK1 (Cell Signaling #38066S, 1:1000), IRF3 (Cell Signaling

#4302S, 1:1000), SARS-CoV-2 Nucleocapsid (Sino Biological # 40588-T62, 1;1000 or # 40143-

MM05, 1:1000).

siRNA transfections

siRNAs (Table S3) were reverse-transfected as described before [76]. In brief, 5 pmoles of siRNAs

for each target was complexed with 1.5 µL of Lipofectamine RNAiMAX transfection reagent in 50

µL of Opti-MEM following manufacturer's recommendations and added in 24-well cell culture

dishes. SCC25 cells were then seeded at $1x10^5$ cells/well. At 2-days post-transfection cells were

infected with SARS-CoV-2 at an MOI of 2 i.u./cell, and RNA extracted 3 days later by Trizol and

processed for RT-qPCR analysis as above. Knockdown efficiency was assessed by RT-qPCR or

immunoblotting.

RNA-seq and single-cell RNA-seq data analysis

For heatmap analysis of the interferon response pathway in our cell line cohort, RNA-seq TPM data for the Cancer Cell Line Encyclopedia (CCLE) was downloaded from the DepMap portal (DepMap Public 18Q3). Gene sets for the interferon response pathway were extracted from MsigDB's lists of HALLMARK_INTERFERON_GAMMA_RESPONSE and HALLMARK_INTERFERON_ALPHA_RESPONSE genes. Hierarchical clustering and figure generation was performed with the ComplexHeatmap R package. For single-cell expression levels in healthy human airways, normalized counts and cell type metadata were downloaded from a publicly available single-cell study [130].

Statistical Analysis

Generally, experiments were repeated with at least two biological replicates, represented by n. Each plot includes points for individual biological replicates and mean ± SEM error bars unless otherwise specified. GraphPad Prism 9 software was used for statistical analysis. Statistical parameters and details for each experiment are reported in respective figure legends.

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 FIGURE LEGENDS

Figure 1. **SARS-CoV-2 replication is blocked at a post-entry stage in a subset of airway-**

derived cell lines that endogenously express ACE2. (A) The indicated airway-derived cell lines

were inoculated with WT SARS-CoV-2 at an MOI: 0.15 i.u./cell. RT-qPCR analysis of cell-

associated SARS-CoV-2 N sgRNA (copies/cell) at 4 and 72 hpi is shown. Data show the average

of 2 independent experiments, errors bars denote the range. **(B)** Focus forming assay performed

on culture supernatants of the indicated cells infected with SARS-CoV-2 for 72 hpi (from panel

A). Data show focus forming units per mL (FFU/mL, log transformed) from two independent

experiments, error bars show the SEM. **(C)** Polyclonal pools of ACE2 knockout (ACE2-KO) and

control cell lines transduced with a non-targeting sgRNA (NT) were infected with WT SARS-CoV-

2 at a MOI: 2 i.u./cell. RT-qPCR analysis of cell-associated viral RNA (sgRNA N) at 72 hpi is

shown from two biological replicates. Data show the mean, error bars show the SEM, **p< 0.01

where significance was assessed by multiple unpaired t-tests. **(D)** Polyclonal pools of ACE2 KO

and non-targeting control (NT) cell lines were infected with WT SARS-CoV-2 at a MOI:2 i.u./cell.

In situ hybridization of incoming viral RNA (green) at 2 hpi was performed as detailed in Methods.

Nuclear DAPI staining is shown in blue. **(E)** Quantification of data presented in Panel D. Puncta

of SARS-CoV-2 RNA was counted in ~200 cells per cell line from two independent experiments.

The average number of RNA puncta per condition is shown in the graph.

Figure 2. **ACE2(high) airway-derived cell lines that are resistant to SARS-CoV-2 replication**

express high baseline levels of type I IFN pathway genes. (A) Hierarchical clustering of IFN

response pathway RNA expression levels downloaded from CCLE. The heatmap displays z-

scored $\log_2$(TPM) values. **(B-E)** RT-qPCR analysis of representative ISGs including *Ifit1, Mx1, Irf9*

and *Stat1* in uninfected cells. Expression levels are normalized relative to Calu-3 cells (set to 1).

N=2-4 independent biological replicates, error bars denote SEM. **(F)** Immunoblot showing

pSTAT1 (Y701 and S727), STAT1, IRF7, IRF9, MX1, IFIT1 and Vinculin levels across airway-

derived cell lines (not infected). Blots are representative of two independent experiments. **(G, H)**

The indicated airway-derived cell lines were infected with SARS-CoV-2 infected cells at an MOI

of 2 i.u./cell and expression of ISGs including *Ifit1* and *Ifit2* in was analyzed by RT-qPCR at 4 and

72 hpi. Y-axes indicate ISG fold induction at 72 hpi relative to 4hpi. Data show the mean from n=3

independent replicates, errors bars show the SEM.

Figure 3. **Basally active type I IFN pathway limits SARS-CoV-2 replication in a subset of**

ACE2(high) cells. (A, B) SCC25, H596, OE21, Detroit 562 and Calu-3 cells were pretreated with

1 μM ruxolitinib for 24 hours. *Ifit1 and Mx1* expression was analyzed by RT-qPCR and expression

levels are shown relative to untreated Calu-3 cells (set to 1). Data show the mean from n=2-4

independent biological replicates, error bars show the SEM. **(C)** SCC25, H596, OE21 and Detroit

562 cells were pretreated with DMSO (mock) or 1 μM ruxolitinib for 24 hours and infected with

SARS-CoV-2 at a MOI of 2 i.u./cell in presence of DMSO or 1 μM ruxolitinib. RT-qPCR analysis

shows cell-associated viral RNA levels at 72 hpi. Data show the mean from n=2 independent

replicates, error bars show the SEM. **(D-G)** SCC25 cells transfected with 3 separate siRNAs

targeting STAT2 (D), IRF9 (E), STAT1 (G) or a non-targeting control (NT) and polyclonal

populations of SCC25 cells knocked out for IFNAR (KO) using two independent sgRNAs or

transduced with a non-targeting (NT) control (F) were infected with SARS-CoV-2 at a MOI of 2

i.u./cell. Cell-associated viral RNA was analyzed by RT-qPCR at 72 hpi. Y-axes indicate the

relative expression ratio between knockdown (KD) or knockout (KO) and the respective NT

samples. Data display the mean of 5-6 independent replicates, error bars denote the SEM.

Figure 4. A constitutively active cGAS-STING pathway limits SARS-CoV-2 replication in

SCC25 cells. (A) SCC25 cells were transfected with 2 distinct siRNAs targeting the indicated

genes or a non-targeting control (NT). 2d post-transfection, cells were infected with SARS-CoV-

2 at an MOI of 2 i.u./cell for 72 h. Data show the ratio of cell-associated viral RNA, as assessed

by RT-qPCR, between knockdown (KD) and NT samples. Data display the mean of n=2 - 4

biological replicates, with error bars representing SEM. **(B)** Polyclonal populations of SCC25 cells

knocked out (KO) for cGAS, STING, TBK1, and IRF3 using two separate sgRNAs or transduced

with two individual non-targeting (NT) controls were infected with SARS-CoV-2 at MOI: 2 i.u./cell

for 72h. RT-qPCR analysis of cell-associated viral N RNA from 4-5 replicates is shown, where

error bars show the SEM. ****p < 0.0001 significance was assessed by a one-way ANOVA and

the Dunnett correction for multiple comparisons. **(C)** Immunoblots show SARS-CoV-2 N, cGAS,

STING, TBK1, and IRF3 expression levels in SCC25 cells from panel B. β-actin serves as the

loading control. (Representative of n=2). **(D)** Bulk populations of SCC25 STING KO cells were

infected with SARS-CoV-2-mNeonGreen (NG) at a MOI:2 i.u./cell. NG-positive cells were

enumerated by flow cytometry at 24, 48 and 72 hpi and represented as percentage of total

population. Data show the mean of n=2 independent experiments, error bars denote the SEM.**(E)**

SCC25 STING KO cells and NT control cells were pretreated with DMSO or 1 uM ruxolitinib for

24 hours and infected with SARS-CoV-2-mNG at a MOI:2 i.u./cell. NG-positive cells were

enumerated by flow cytometry at 72 hpi and represented as percentage of total population. Data

show the mean of n=4 independent experiments, error bars denote the SEM. **p< 0.01 where

significance was assessed by 2-way ANOVA and Šidák multiple test correction.

Figure 5. **Impact of an active cGAS - STING pathway-mediated vs. SARS-CoV-2-induced**

type-I IFN activation on SARS-CoV-2 replication. (A) Expression levels of ISGs *Isg15, Ifit1,*

Ifit2, Ifit3 and Irf7 were assessed by RT-qPCR in uninfected polyclonal populations of SCC25 cells

knocked out (KO) for cGAS and STING or transduced with a non-targeting (NT) control.

Expression levels were normalized relative to NT control (set to 1). N=2-3 independent biological

replicates, error bars show SEM. **(B)** Uninfected polyclonal populations of STING KO or NT

SCC25 cells were subjected to immunostaining for IFIT3. IFIT3 label (in red) and nuclei (DAPI, in

blue) observed under 4X objective by epifluorescence microscopy. Scale bars show 500 μM,

(representative of n=2). **(C)** Relative expression of ISGs including *Isg15, Ifit1, Ifit2, Ifit3 and Irf7* in

SCC25 STING KO or NT control cells, uninfected or infected with SARS-CoV-2 at a MOI of 2

i.u./cell. Cells were collected at 72 hpi and ISG expression analyzed by RT-qPCR. Data show the

fold induction of ISGs in infected over uninfected cells from n=3 biological replicates, errors bars

show the SEM. **(D, E)** SCC25 STING KO or NT control cells were infected with SARS-CoV-2 at

an MOI of 2 i.u./cell. Immunofluorescence detection for IFIT3 expression (in red) and SARS-CoV-

2 nucleocapsid (N) viral protein (in green), and cellular nuclei (DAPI, in blue) at 72hpi from a

representative experiment (n = 2) are shown. Images were collected with an epifluorescence

microscope, 4X objective (D) or Zeiss LSM 880 Airyscan confocal microscope equipped with a

×63/1.4 objective (E) as detailed in Methods. Scale bars = 250 μM (D) or 10 μM (E).

Figure 6. Analysis of ISG and STING expression in SARS-CoV-2-infected primary human

airway epithelial cell s(hTEC) grown at ALI. (A) hTECs from two donors grown at ALI were

infected with SARS-CoV-2-mNG at an MOI of 2 i.u./cell and fixed at 72 hpi. Immunofluorescence

detection for IFIT2 expression (in red), mNG (in green), and cellular nuclei (DAPI, in blue) is

shown. Images were analyzed by confocal microscopy with a ×40/1.4 objective. Scale bars = 50

μM, (representative of n=2). **(B)** hTECs from two donors were infected with SARS-CoV-2-mNG

at an MOI of 2 i.u./cell as in (A) and stained for STING (in red) and SARS-CoV-2 N (in green),

and cellular nuclei (DAPI, in blue). Images were analyzed by confocal microscopy with a ×20

objective. Scale bars = 50 μM, (representative of n=2).

Figure 7: Expression profiles of cGAS, STING and representative ISGs in the healthy

human airways. Normalized counts and cell type metadata were downloaded from a publicly

available single-cell study [130]. Detection frequency represents that percentage of cells with > 0

counts for respective gene. Bar plots display the average normalized expression for a gene within

a cell type. For the gene set representing the interferon alpha Gene Ontology term, normalized

expression levels were summed for all genes in the set prior to computing detection frequencies

and average expression.

	SUPPLEMENTARY FIGURE LEGENDS

Figure S1: Analysis of SARS-CoV-2 replication in a panel of airway-derived cell lines that

endogenously express ACE2. (A) RNA expression of SARS-CoV-2 viral entry factors

downloaded from the Cancer Cell Line Encyclopedia (CCLE). The heatmap displays log2(TPM)

values. **(B)** Airway-derived cell lines were infected at a MOI: 2 i.u./cell and cell lysates were

analyzed by immunoblotting using anti-SARS-CoV-2 N and anti-actin antibodies at 3 dpi.

Immunoblots are representative of two independent replicates.

Figure S2: Expression levels of IFN pathway genes in uninfected and infected cell lines.

(A) Calu-3 cells were pretreated for 6 or 24 hours or treated at the indicated time points post-

infection with 1000 U/mL IFN-α and infected with SARS-CoV-2 at MOI: 2 i.u./cell. RT-qPCR

analysis of cell-associated SARS-CoV-2 N sgRNA (copies/cell) at 72 hpi is shown. Data show the

average of 4 biological replicates, errors bars denote the SD. **(B, C)** RT-qPCR analysis of

representative ISGs including *Ifit2 and Isg15* in uninfected cells. Expression levels are normalized

relative to Calu-3 cells (set to 1). N=2-4 independent biological replicates, error bars denote SEM.

(D) RNA expression of IFNs was downloaded from the Cancer Cell Line Encyclopedia (CCLE).

The heatmap displays log2(TPM) values. **(E-H)** The indicated airway-derived cell lines were

infected with SARS-CoV-2 infected cells at an MOI of 2 i.u./cell and expression of ISGs including

Mx1, Isg15, Ifit3 and Irf7 in was analyzed by RT-qPCR at 4 and 72 hpi. Y-axes indicate ISG fold

induction at 72 hpi relative to 4hpi. Data show the mean from n=3 independent replicates, errors

bars show the SEM.

Figure S3. Basally active type I IFN pathway limits SARS-CoV-2 replication in a subset of

ACE2(high) cells. (A-D) SCC25, H596, OE21, Detroit 562 and Calu-3 cells were pretreated with

1 μM ruxolitinib for 24 hours. *Ifit2, Isg15, Irf9 and Stat1* expression was analyzed by RT-qPCR

and expression levels are shown relative to untreated Calu-3 cells (set to 1). Data show the mean

from n=2-4 independent biological replicates, error bars show SEM. **(E-G)** Expression levels of *Stat1, Stat2 and Irf9* were assessed by RT-qPCR in SCC25 cells that were transfected with 3 separate siRNAs targeting STAT1, STAT2 and IRF9 respectively or a non-targeting control (NT) and infected with SARS-CoV-2 as in Fig. 3. Data display the mean of 3-4 biological replicates, error bars show SEM. **(H)** SCC25 cells were transfected with 3 separate siRNAs targeting STAT1 or a non-targeting control (NT) and infected with SARS-CoV-2 WT at an MOI of 2 i.u./cell for 72 h. Immunoblots show STAT1, actin (control) and SARS-CoV-2 N expression (representative of n=2).

Figure S4. A constitutively active cGAS-STING pathway limits SARS-CoV-2 replication in a subset of ACE2(high) airways cell lines. (A) Polyclonal populations of OE21 cells knocked out (KO) for cGAS, STING, TBK1 and IRF3 using two separate sgRNAs or transduced with two individual non-targeting (NT) controls were infected with SARS-CoV-2 at MOI: 2 i.u./cell. RT-qPCR analysis of cell-associated viral N RNA show copies per cell from 4 independent experiments where error bars show SEM. *p<0.05, **p<0.01, ***p<0.001, ****p <0.0001 by one-way ANOVA and the Dunnett correction for multiple comparisons. **(B)** Panel of airway-derived cell lines knocked out (KO) for STING or transduced with a non-targeting (NT) control were infected with SARS-CoV-2 at a MOI: 2 i.u./cell. RT-qPCR analysis of cell-associated viral RNA (copies/cell) at 72 hpi in NT vs. STING KO cells is displayed. Data show the average of 2 biological replicates, where errors bars indicate the SEM. **(C)** STING immunoblot of the panel of airway-derived cell lines knocked out (KO) for STING or transduced with a non-targeting control (NT). β-actin serves as the loading control. Immunoblots are representative of two independent replicates. **(D)** Bulk populations of SCC25 STING CRISPR cells were infected with mNeonGreen (NG) reporter SARS-CoV-2 at a MOI:2 i.u./cell. Percentage of NG-positive cells was determined by flow cytometry at 24, 48 and 72 hpi. Plots are representative of n=2 independent replicates.

Figure S5. Impact of an active cGAS - STING pathway-mediated vs. SARS-CoV-2-induced

type-I IFN activation on SARS-CoV-2 replication. (A) Bulk populations of SCC25 STING KO

cells were infected with SARS-CoV-2 at a MOI:2 i.u./cell. Percentage of SARS-CoV-2

nucleocapsid (NP) -positive cells (green) and IFIT3 (red) was determined by flow cytometry at 72

hpi. Data show the mean of 4 biological replicates, error bars denote the SEM. **(B)** Indicated cell

lines ectopically expressing ACE2 were infected at a MOI: 0.1 i.u./cell with SARS-CoV-2 WT. RT-

qPCR for cell-associated SARS-CoV-2 RNA at 2-3 and 24 hpi is shown from n=2 replicates. Data

show the mean, error bars denote SEM. **(C)** Airway-derived cell lines ectopically expressing ACE2

were pretreated with 1 μM ruxolitinib or mock for 24 hours and infected with SARS-CoV-2 at a

MOI: 0.1 i.u./cell. RT-qPCR for cell-associated SARS-CoV-2 RNA at 2-3 and 24 hpi is shown from

n=2 replicates. Data show the mean, error bars denote SEM. **(D)** SCC25 cells were pretreated

with 1 μM ruxolitinib or DMSO for 24 hours and infected with SARS-CoV-2 Variants of Concern

(VOC) at a MOI: 2 i.u./cell. RT-qPCR analysis shows cell-associated viral RNA levels at 72 hpi.

Data show the mean from n=2 independent experiments, error bars show SEM.

Figure S6. Analysis of IFIT2 and STING expression in SARS-CoV-2 infected primary human

airway epithelial cells. (A, B) Pearson's correlation (A) and Mander's overlap (B) coefficient

derived from experiments presented in Fig. 6. Colocalization analysis of Z stacks was performed

using the Colocalization module of Volocity from 5-8 separate Z-stacks. Individual numbers

plotted display the corresponding values from each Z-stack for each Donor. (C) STING (in red)

and cellular nuclei (DAPI, in blue) immunostaining in the uninfected hTEC donors presented in

Fig. 6B. **(D)** SCC25 WT and polyclonal STING-KO cells stained with STING antibody (in red) and

cellular nuclei (DAPI, in blue). Images were analyzed by epifluorescence microscopy with a ×20

objective. Scale bars = 100 μM.

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1065 **Table S1 sgRNA sequences**

	Target	sgRNA	Reference
1	cGAS-gRNA1 (cGAS-1)	ATCCCTCCGTACAAAAGGG	This paper
2	cGAS-gRNA2 (cGAS-2)	AGACTCGGTGGGATCCATCG	This paper
3	STING-gRNA1 (STING-1)	CATATTACATCGGATATCTG	This paper
4	STING-gRNA2 (STING-2)	CACCGCATTACAACAACCTGCTACG	This paper
5	TBK1-gRNA1 (TBK1-1)	ACAGTGTATAAACTCCCACA	This paper
6	TBK1-gRNA2 (TBK1-2)	AAATATCATGCGTGTTATAG	This paper
7	IRF3-gRNA1 (IRF3-1)	CCACTGGTGCATATGTTCCC	This paper
8	IRF3-gRNA2 (IRF3-2)	AGAAGGGTTGCGTTTAGCAG	This paper
9	IFNAR-gRNA1 (IFNAR-1)	CACCGGTACATTGTATAAAGACCAC	This paper
10	IFNAR-gRNA2 (IFNAR-2)	CACCGACATGACCTTTCAAGTTCAG	This paper

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1071   **Table S2 Primer sequences**

	Oligo Target	Oligo Sequence	Reference
1	SARS-CoV-2 NP -F	5' ATGCTGCAATCGTGCTACAA 3'	75
2	SARS-CoV-2 NP -R	5' GACTGCCGCCTCTGCTC 3'	75
3	IFIT1 (ISG56) -F	5' CCTCCCTGGAAAATCTAGGCTCT 3'	75
4	IFIT1 (ISG56) -R	5' GTAAAGTGACATCTCAATTGCTCCAGAC 3'	75
5	IFIT2 (ISG54) -F	5' AGCTGAGAATTGCACTGCAACCATG 3'	75
6	IFIT2 (ISG54) -R	5' CTCCATCAAGTTCCAGGTGAAATGGC 3'	75
7	IFIT3 -F	5' GGGCAGTCATGAGTGAGGTC 3'	This paper
8	IFIT3 -R	5' AAGTTCCAGGTGAAATGGCA 3'	This paper
9	ISG15 -F	5' CACAGCCCACAGCCCACAG 3'	75
10	ISG15 -R	5' GCTCAGGGACACCTGGAATTCG 3'	75
11	MX1 -F	5' CACTGCGAGGAGATCGGTTC 3'	75
12	MX1 -R	5' CTGTTCTCCTGCACCTCCTTG 3'	75
13	IRF7 -F	5' GTCCTGGTGAAGCTGGAACC 3'	This paper

14	IRF7 -R	5' CAGGGAAGACACACCCTCAC 3'	This paper
15	IRF9 -F	5' GCCCTACAAGGTGTATCAGTTG 3'	This paper
16	IRF9 -R	5' TGCTGTCGCTTTGATGGTACT 3'	This paper
17	STAT1 -F	5' GCTCGTTTGTGGTGGAAAGAC 3'	This paper
18	STAT1 -R	5' TCTCTCATTCACATCTCTCAACTT 3'	This paper
19	STAT2 -F	5' CCAGCTTTACTCGCACAGC 3'	This paper
20	STAT2 -R	5' AGCCTTGGAATCATCACTCCC 3'	This paper
21	Human 18S rRNA -F	5' CCGCAGCTAGGAATAATGGA 3'	75
22	Human 18S rRNA -R	5' CGGTCCAAGAATTTCACCTC 3'	75

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1082   **Table S3 siRNA information**

	Target	Source	Identifier
1	siTLR3 - 1	Ambion by Life Technologies	s236
2	siTLR3 – 2	Ambion by Life Technologies	s235
3	siTLR7 - 1	Ambion by Life Technologies	s27842
4	siTLR7 - 1	Ambion by Life Technologies	s27843
5	siTLR8 - 1	Ambion by Life Technologies	s27921
6	siTLR8 - 2	Ambion by Life Technologies	s27920
7	siTLR9 - 1	Ambion by Life Technologies	s28873
8	siTLR9 - 2	Ambion by Life Technologies	s28872
9	siRIG-I - 1	Ambion by Life Technologies	s223616
10	siRIG-I - 2	Ambion by Life Technologies	s223615
11	siMDA5 - 1	Ambion by Life Technologies	s34499
12	siMDA5 - 2	Ambion by Life Technologies	s34500
13	siLPG2 - 1	Ambion by Life Technologies	s35594

14	siLPG2 - 2	Ambion by Life Technologies	s35595
15	siMyD88 - 1	Ambion by Life Technologies	s9137
16	siMyD88 - 2	Ambion by Life Technologies	s9138
17	siTRIF – 1	Ambion by Life Technologies	s45114
18	siTRIF - 2	Ambion by Life Technologies	s531858
19	siMAVS - 1	Ambion by Life Technologies	s33179
20	siMAVS – 2	Ambion by Life Technologies	s33180
21	siNOD2 - 1	Ambion by Life Technologies	s533471
22	siNOD2 - 2	Ambion by Life Technologies	s34485
23	siNLRP1 - 1	Ambion by Life Technologies	s22520
24	siNLRP1 - 2	Ambion by Life Technologies	s22521
25	siNLRP1 - 3	Ambion by Life Technologies	s22522
26	siNLRP3 - 1	Ambion by Life Technologies	s534395
27	siNLRP3 - 2	Ambion by Life Technologies	s41556
28	siNLRC5 - 1	Ambion by Life Technologies	s38591
29	siNLRC5 - 2	Ambion by Life Technologies	s38592
30	siSTING - 1	Ambion by Life Technologies	s50644

31	siSTING - 2	Ambion by Life Technologies	s226307
33	siSTAT1 - 1	Ambion by Life Technologies	s277
34	siSTAT1 - 2	Ambion by Life Technologies	s278
35	siSTAT1 - 3	Ambion by Life Technologies	s279
36	siSTAT2 - 1	Ambion by Life Technologies	s13528
37	siSTAT2 - 2	Ambion by Life Technologies	s13529
38	siSTAT2 - 3	Ambion by Life Technologies	s13530
39	siIRF9 - 1	Ambion by Life Technologies	s20290
40	siIRF9 - 2	Ambion by Life Technologies	s20291
41	siIRF9 - 3	Ambion by Life Technologies	s20292

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Figure 1. **SARS-CoV-2 replication is blocked at a post-entry stage in a subset of airway-derived cell lines that endogenously express ACE2. (A)** The indicated airway-derived cell lines were inoculated with WT SARS-CoV-2 at an MOI: 0.15 i.u./cell. RT-qPCR analysis of cell-associated SARS-CoV-2 N sgRNA (copies/cell) at 4 and 72 hpi is shown. Data show the average of 2 independent experiments, errors bars denote the range. **(B)** Focus forming assay performed on culture supernatants of the indicated cells infected with SARS-CoV-2 for 72 hpi (from panel A). Data show focus forming units per mL (FFU/mL, log transformed) from two independent experiments, error bars show the SEM. **(C)** Polyclonal pools of ACE2 knockout (ACE2-KO) and control cell lines transduced with a non-targeting sgRNA (NT) were infected with WT SARS-CoV-2 at a MOI: 2 i.u./cell. RT-qPCR analysis of cell-associated viral RNA (sgRNA N) at 72 hpi is shown from two biological replicates. Data show the mean, error bars show the SEM, **p< 0.01 where significance was assessed by multiple unpaired t-tests. **(D)** Polyclonal pools of ACE2 KO and non-targeting control (NT) cell lines were infected with WT SARS-CoV-2 at a MOI:2 i.u./cell. In situ hybridization of incoming viral RNA (green) at 2 hpi was performed as detailed in Methods. Nuclear DAPI staining is shown in blue. **(E)** Quantification of data presented in Panel D. Puncta of SARS-CoV-2 RNA was counted in ~200 cells per cell line from two independent experiments. The average number of RNA puncta per condition is shown in the graph.

Figure 2. **ACE2(high) airway-derived cell lines that are resistant to SARS-CoV-2 replication express high baseline levels of type I IFN pathway genes. (A)** Hierarchical clustering of IFN response pathway RNA expression levels downloaded from CCLE. The heatmap displays z-scored $\log_2$(TPM) values. **(B-E)** RT-qPCR analysis of representative ISGs including *Ifit1, Mx1, Irf9* and *Stat1* in uninfected cells. Expression levels are normalized relative to Calu-3 cells (set to 1). N=2-4 independent biological replicates, error bars denote SEM. **(F)** Immunoblot showing pSTAT1 (Y701 and S727), STAT1, IRF7, IRF9, MX1, IFIT1 and Vinculin levels across airway-derived cell lines (not infected). Blots are representative of two independent experiments. **(G, H)** The indicated airway-derived cell lines were infected with SARS-CoV-2 infected cells at an MOI of 2 i.u./cell and expression of ISGs including *Ifit1* and *Ifit2* in was analyzed by RT-qPCR at 4 and 72 hpi. Y-axes indicate ISG fold induction at 72 hpi relative to 4hpi. Data show the mean from n=3 independent replicates, errors bars show the SEM.

Figure 3. **Basally active type I IFN pathway limits SARS-CoV-2 replication in a subset of ACE2(high) cells.** **(A, B)** SCC25, H596, OE21, Detroit 562 and Calu-3 cells were pretreated with 1 μM ruxolitinib for 24 hours. *Ifit1 and Mx1* expression was analyzed by RT-qPCR and expression levels are shown relative to untreated Calu-3 cells (set to 1). Data show the mean from n=2-4 independent biological replicates, error bars show the SEM. **(C)** SCC25, H596, OE21 and Detroit 562 cells were pretreated with DMSO (mock) or 1 μM ruxolitinib for 24 hours and infected with SARS-CoV-2 at a MOI of 2 i.u./cell in presence of DMSO or 1 μM ruxolitinib. RT-qPCR analysis shows cell-associated viral RNA levels at 72 hpi. Data show the mean from n=2 independent replicates, error bars show the SEM. **(D-G)** SCC25 cells transfected with 3 separate siRNAs targeting STAT2 (D), IRF9 (E), STAT1 (G) or a non-targeting control (NT) and polyclonal populations of SCC25 cells knocked out for IFNAR (KO) using two independent sgRNAs or transduced with a non-targeting (NT) control (F) were infected with SARS-CoV-2 at a MOI of 2 i.u./cell. Cell-associated viral RNA was analyzed by RT-qPCR at 72 hpi. Y-axes indicate the relative expression ratio between knockdown (KD) or knockout (KO) and the respective NT samples. Data display the mean of 5-6 independent replicates, error bars denote the SEM.

Figure 4. A constitutively active cGAS-STING pathway limits SARS-CoV-2 replication in SCC25 cells. (A) SCC25 cells were transfected with 2 distinct siRNAs targeting the indicated genes or a non-targeting control (NT). 2d post-transfection, cells were infected with SARS-CoV-2 at an MOI of 2 i.u./cell for 72 h. Data show the ratio of cell-associated viral RNA, as assessed by RT-qPCR, between knockdown (KD) and NT samples. Data display the mean of n=2 - 4 biological replicates, with error bars representing SEM. **(B)** Polyclonal populations of SCC25 cells knocked out (KO) for cGAS, STING, TBK1, and IRF3 using two separate sgRNAs or transduced with two individual non-targeting (NT) controls were infected with SARS-CoV-2 at MOI: 2 i.u./cell for 72h. RT-qPCR analysis of cell-associated viral N RNA from 4-5 replicates is shown, where error bars show the SEM. ****p < 0.0001 significance was assessed by a one-way ANOVA and the Dunnett correction for multiple comparisons. (legend continued on the next page)

Figure 4 (cont'ed)

(C) Immunoblots show SARS-CoV-2 N, cGAS, STING, TBK1, and IRF3 expression levels in SCC25 cells from panel B. β-actin serves as the loading control. (Representative of n=2). **(D)** Bulk populations of SCC25 STING KO cells were infected with SARS-CoV-2-mNeonGreen (NG) at a MOI:2 i.u./cell. NG-positive cells were enumerated by flow cytometry at 24, 48 and 72 hpi and represented as percentage of total population. Data show the mean of n=2 independent experiments, error bars denote the SEM.**(E)** SCC25 STING KO cells and NT control cells were pretreated with DMSO or 1 uM ruxolitinib for 24 hours and infected with SARS-CoV-2-mNG at a MOI:2 i.u./cell. NG-positive cells were enumerated by flow cytometry at 72 hpi and represented as percentage of total population. Data show the mean of n=4 independent experiments, error bars denote the SEM. **p< 0.01 where significance was assessed by 2-way ANOVA and Šidák multiple test correction.

Figure 5 (see legend on the next page)

Figure 5. **Impact of an active cGAS - STING pathway-mediated vs. SARS-CoV-2-induced type-I IFN activation on SARS-CoV-2 replication. (A)** Expression levels of ISGs *Isg15, Ifit1, Ifit2, Ifit3 and Irf7* were assessed by RT-qPCR in uninfected polyclonal populations of SCC25 cells knocked out (KO) for cGAS and STING or transduced with a non-targeting (NT) control. Expression levels were normalized relative to NT control (set to 1). N=2-3 independent biological replicates, error bars show SEM. **(B)** Uninfected polyclonal populations of STING KO or NT SCC25 cells were subjected to immunostaining for IFIT3. IFIT3 label (in red) and nuclei (DAPI, in blue) observed under 4X objective by epifluorescence microscopy. Scale bars show 500 μM, (representative of n=2). **(C)** Relative expression of ISGs including *Isg15, Ifit1, Ifit2, Ifit3 and Irf7* in SCC25 STING KO or NT control cells, uninfected or infected with SARS-CoV-2 at a MOI of 2 i.u./cell. Cells were collected at 72 hpi and ISG expression analyzed by RT-qPCR. Data show the fold induction of ISGs in infected over uninfected cells from n=3 biological replicates, errors bars show the SEM. **(D, E)** SCC25 STING KO or NT control cells were infected with SARS-CoV-2 at an MOI of 2 i.u./cell. Immunofluorescence detection for IFIT3 expression (in red) and SARS-CoV-2 nucleocapsid (N) viral protein (in green), and cellular nuclei (DAPI, in blue) at 72hpi from a representative experiment (n = 2) are shown. Images were collected with an epifluorescence microscope, 4X objective (D) or Zeiss LSM 880 Airyscan confocal microscope equipped with a ×63/1.4 objective (E) as detailed in Methods. Scale bars = 250 μM (D) or 10 μM (E).

Figure 6. Analysis of ISG and STING expression in SARS-CoV-2-infected primary human airway epithelial cell s(hTEC) grown at ALI. (A) hTECs from two donors grown at ALI were infected with SARS-CoV-2-mNG at an MOI of 2 i.u./cell and fixed at 72 hpi. Immunofluorescence detection for IFIT2 expression (in red), mNG (in green), and cellular nuclei (DAPI, in blue) is shown. Images were analyzed by confocal microscopy with a ×40/1.4 objective. Scale bars = 50 μM, (representative of n=2). **(B)** hTECs from two donors were infected with SARS-CoV-2-mNG at an MOI of 2 i.u./cell as in (A) and stained for STING (in red) and SARS-CoV-2 N (in green), and cellular nuclei (DAPI, in blue). Images were analyzed by confocal microscopy with a ×20 objective. Scale bars = 50 μM, (representative of n=2).

Figure 7: Expression profiles of cGAS, STING and representative ISGs in the healthy human airways. Normalized counts and cell type metadata were downloaded from a publicly available single-cell study [129]. Detection frequency represents that percentage of cells with > 0 counts for respective gene. Bar plots display the average normalized expression for a gene within a cell type. For the gene set representing the interferon alpha Gene Ontology term, normalized expression levels were summed for all genes in the set prior to computing detection frequencies and average expression.

A High ACE2

ACE2
TMPRSS2
NRP1
FURIN
CTSL
CTSB

log2 transcript abundance

0   5   10   15

B High ACE2

SCC25 H596 OE21 Detroit-562 Calu-3 HCC827 PC-9 KYSE30 A427 H1299

SARS-CoV-2 Nucleocapsid

Actin

Figure S1

Figure S1: Analysis of SARS-CoV-2 replication in a panel of airway-derived cell lines that endogenously express ACE2. (A) RNA expression of SARS-CoV-2 viral entry factors downloaded from the Cancer Cell Line Encyclopedia (CCLE). The heatmap displays log2(TPM) values. **(B)** Airway-derived cell lines were infected at a MOI: 2 i.u./cell and cell lysates were analyzed by immunoblotting using anti-SARS-CoV-2 N and anti-actin antibodies at 3 dpi. Immunoblots are representative of two independent replicates.

Figure S2

Figure S2: Expression levels of IFN pathway genes in uninfected and infected cell lines. (A) Calu-3 cells were pretreated for 6 or 24 hours or treated at the indicated time points post-infection with 1000 U/mL IFN-α and infected with SARS-CoV-2 at MOI: 2 i.u./cell. RT-qPCR analysis of cell-associated SARS-CoV-2 N sgRNA (copies/cell) at 72 hpi is shown. Data show the average of 4 biological replicates, errors bars denote the SD. **(B, C)** RT-qPCR analysis of representative ISGs including *Ifit2 and Isg15* in uninfected cells. Expression levels are normalized relative to Calu-3 cells (set to 1). N=2-4 independent biological replicates, error bars denote SEM. **(D)** RNA expression of IFNs was downloaded from the Cancer Cell Line Encyclopedia (CCLE). The heatmap displays log2(TPM) values. **(E-H)** The indicated airway-derived cell lines were infected with SARS-CoV-2 infected cells at an MOI of 2 i.u./cell and expression of ISGs including *Mx1, Isg15, Ifit3 and Irf7* in was analyzed by RT-qPCR at 4 and 72 hpi. Y-axes indicate ISG fold induction at 72 hpi relative to 4hpi. Data show the mean from n=3 independent replicates, errors bars show the SEM.

Figure S3. Basally active type I IFN pathway limits SARS-CoV-2 replication in a subset of ACE2(high) cells. (A-D) SCC25, H596, OE21, Detroit 562 and Calu-3 cells were pretreated with 1 μM ruxolitinib for 24 hours. *Ifit2, Isg15, Irf9 and Stat1* expression was analyzed by RT-qPCR and expression levels are shown relative to untreated Calu-3 cells (set to 1). Data show the mean from n=2-4 independent biological replicates, error bars show SEM. **(E-G)** Expression levels of *Stat1, Stat2 and Irf9* were assessed by RT-qPCR in SCC25 cells that were transfected with 3 separate siRNAs targeting STAT1, STAT2 and IRF9 respectively or a non-targeting control (NT) and infected with SARS-CoV-2 as in Fig. 3. Data display the mean of 3-4 biological replicates, error bars show SEM. **(H)** SCC25 cells were transfected with 3 separate siRNAs targeting STAT1 or a non-targeting control (NT) and infected with SARS-CoV-2 WT at an MOI of 2 i.u./cell for 72 h. Immunoblots show STAT1, actin (control) and SARS-CoV-2 N expression (representative of n=2).

Figure S3

Figure S4. A constitutively active cGAS-STING pathway limits SARS-CoV-2 replication in a subset of ACE2(high) airways cell lines. (A) Polyclonal populations of OE21 cells knocked out (KO) for cGAS, STING, TBK1 and IRF3 using two separate sgRNAs or transduced with two individual non-targeting (NT) controls were infected with SARS-CoV-2 at MOI: 2 i.u./cell. RT-qPCR analysis of cell-associated viral N RNA show copies per cell from 4 independent experiments where error bars show SEM. *$p<0.05$, **$p<0.01$, ***$p<0.001$, ****$p<0.0001$ by one-way ANOVA and the Dunnett correction for multiple comparisons. **(B)** Panel of airway-derived cell lines knocked out (KO) for STING or transduced with a non-targeting (NT) control were infected with SARS-CoV-2 at a MOI: 2 i.u./cell. RT-qPCR analysis of cell-associated viral RNA (copies/cell) at 72 hpi in NT vs. STING KO cells is displayed. Data show the average of 2 biological replicates, where errors bars indicate the SEM. **(C)** STING immunoblot of the panel of airway-derived cell lines knocked out (KO) for STING or transduced with a non-targeting control (NT). β-actin serves as the loading control. Immunoblots are representative of two independent replicates. **(D)** Bulk populations of SCC25 STING CRISPR cells were infected with mNeonGreen (NG) reporter SARS-CoV-2 at a MOI:2 i.u./cell. Percentage of NG-positive cells was determined by flow cytometry at 24, 48 and 72 hpi. Plots are representative of n=2 independent replicates.

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Figure S6. Analysis of IFIT2 and STING expression in SARS-CoV-2 infected primary human airway epithelial cells. (A, B) Pearson's correlation (A) and Mander's overlap (B) coefficient derived from experiments presented in Fig. 6. Colocalization analysis of Z stacks was performed using the Colocalization module of Volocity from 5-8 separate Z-stacks. Individual numbers plotted display the corresponding values from each Z-stack for each Donor. (C) STING (in red) and cellular nuclei (DAPI, in blue) immunostaining in the uninfected hTEC donors presented in Fig. 6B. **(D)** SCC25 WT and polyclonal STING-KO cells stained with STING antibody (in red) and cellular nuclei (DAPI, in blue). Images were analyzed by epifluorescence microscopy with a ×20 objective. Scale bars = 100 μM.